7/17/2003

	2	5	76	7	5
ı	$\mathcal{O}_{\mathbf{i}}$		ıΨ	_ /	

SEC 1972 Potential id to the collection of information contained in this (6-02)form are nless the form displays a currently valid OMB control n 03027560 AITENTION Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption state exemption unless such exemption is predicated on the filing of a federal notice. UNITED STATES OMB APPROVAL SECURITIES AND EXCHANGE COMMISSION RECEIVED OMB Number: 3235-0076 Washington, D.C. 20549 Expires: May 31, 2005 JUL 8 0 2003 Estimated average burden FORM D hours per response.. . I NOTICE OF SALE OF SECURITIES SEC USE ONLY PURSUANT TO REGULATION D, Prefix Serial SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION DATE RECEIVED Name of Offering ([] check if this is an amendment and name has changed, and indicate change.) American Residential Equities XXVIII, LLC Filing Under (Check box(es) that [] Rule 504 [] Rule 505 **X** Rule 506 [] Section 4(6) [] ULOE apply): Type of Filing: \(\simeg\) New Filing [] Amendment A. BASIC IDENTIFICATION DATA 1. Enter the information requested about the issuer Name of Issuer ([] check if this is an amendment and name has changed, and indiciate change.) American Residential Equities XXVIII, LLC
Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)

1001 Brickell Bay Dr., Ste. 2600, Miam, FL 33131 (305) 577-1011

Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)

(if different from Executive Offices)

Same as above

Brief Description of Business Acquisition of nonperforming residential first mortgage

Type of Business Organiz	ition	
[] corporation	[] limited partnership, already formed	1-1-
[] business trust	[] limited partnership, to be formed	
	Month Year	
Actual or Estimated Date	f Incorporation or Organization: [0]6] [0]3] 📈 Actual [] Estimate	d
Jurisdiction of Incorporation	or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction) [p][ɛ]	

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seg. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

**** . / /	/_:_:_:_:	 /C	15	L

7/17/0000

6-

Each general a	and managing partner of partner	rship issuers.		
Check Box(es) that Apply:	[] Promoter [] Beneficial Owner	[] Executive Officer	[] Director ⊠ General and Managing Partner	/or
Full Name (Last name	e first, if individual)			
•	Residential Egy	uities loc		
	ce Address (Number and Street	-		
1001 Bricke	11 Bay Dr., Ste.	2600, Mic	101, FC 33131	
	[] Promoter [] Beneficial Owner	•	[] Director [] General and Managing Partner	/or
Full Name (Last name	e first, if individual)			
Business or Residenc	ee Address (Number and Street	, City, State, Zip Cod	le)	
Check Box(es) that Apply:	[] Promoter [] Beneficial Owner	[] Executive Officer	[] Director [] General and Managing Partner	/or
Full Name (Last name	e first, if individual)			
Business or Residence	ce Address (Number and Street	, City, State, Zip Coo	le)	•
	[] Promoter [] Beneficial Owner	Officer	Partner	/or
Full Name (Last name				
	ce Address (Number and Street	, City, State, Zip Coo	le)	
Check Box(es) that Apply:	[] Promoter [] Beneficial Owner	[] Executive Officer	Managing Partner	
Full Name (Last name	e first, if individual)			
	ce Address (Number and Street			
Check Box(es) that	[] Promoter [] Beneficial	[] Executive	[] Director [] General and	/or

Apply:				Owner		Offi	cer			Manag Partne	_
Full Name (Last name	e first, if ir	ndividual	1)	 						40.
Business or	Residenc	ce Addres	ss (Numb	oer and §	Street, C	ity, State	e, Zip Co	de)			
Check Box Apply:	(es) that	[] Pro	moter [) Benefic Owner		[] Exe		[]0	irector [] Genera Manag Partne	ing
Full Name (Last name	e first, if in	ndividual	i)							
Business or	Residenc	ce Addres	ss (Numb	per and s	Street, C	ity, State	e, Zip Co	de)			······································
	(Use bl	ank shee	et, or co	py and ι	ıse add	itional c	opies of	this she	et, as n	ecessar	/·)
			В	. INFOR	MATION	N ABOU	T OFFER	RING			
1. Has the i		Ansv	ver also	in Apper	ndix, Col	umn 2, i	filing un	der ULO	E.	[1 🔀
2. What is t					•		-			\$ <u>.</u> Ye	5 <mark>0,000</mark> s No
3. Does the					_					\triangleright	
4. Enter the directly or in connection person or a the name of persons of only.	ndirectly, a with sales agent of a of the brok	any comr s of secur broker or er or dea	nission o ities in tl dealer r ler. If mo	or similar he offerir egistere ore than t	remuneing. If a p d with th five (5) p	ration for erson to e SEC a persons t	r solicital be listed nd/or wit o be liste	tion of pu I is an as h a state ed are as	rchasers sociated or states sociated	s in s, list	
Full Name (Last nam	e first, if i	ndividua	I)			* *****				
Ameri	can	Besi	dent	cial o	Egu.	ties	, ۱۵۷	•			
Business or	Residenc	ce Addres	ss (Numl	ber and s	Street, C	ity, State	e, Zip Co	de)			
1001 B			_	<u>) </u>	<u>Ste.</u>	<u></u>	00,1	Liam	<u>, FL</u>	3્ર	131
Name of As	sociated I	Broker or	Deāler								
N/A								**********		·····	
States in W (Check "A								sers	ſ] All S	tates
(AL) [Ak		[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[DK]	ı [GA]	[HI]	[ID]
[IL] [IN]] [IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT] [NE			[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH]	[OK] [WI]	[OR] [WY]	[PA] [PR]

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Name of Associated Broker or Dealer

States	s in Whic	h Perso	n Listed	Has So	licited or	Intends	to Solici	t Purcha:	sers			
(Che	ck "All	States	" or ch	eck inc	lividual	States)			[] All S	tates
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[AI]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[VV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[XT]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Name of Associated Broker or Dealer

States	in Which	h Persoi	n Listed	Has So	licited or	intends	to Solicit	Purchas	sers	;		
(Chec	k "All	States'	" or ch	eck ind	ividual	States)		-	[] All S	tates
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[AM]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[MM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[XT]	[UT]	[VT]	[VA]	[AW]	[WV]	[WI]	[WY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box " and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.

Type of Security	Aggregate Offering Price	Amount Already Sold
Debt	\$	\$
Equity	\$1,650,000	\$ <u>50 000</u>
Common [] Preferred	, ,	•
Convertible Securities (including warrants)	\$	\$
Partnership Interests	\$	\$
Other (Specify).	\$	\$
Total	\$1,650,000	\$ 50 000

Answer also in Appendix, Column 3, if filing under ULOE.

2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."

	Number Investors	Aggregate Dollar Amount of Purchases
Accredited Investors	1	\$ <u>50,000</u>
Non-accredited Investors	***************************************	\$
Total (for filings under Rule 504 only)		\$
Answer also in Appendix, Column 4, if filing under ULOE.		

3. If this filing is for an offering under <u>Rule 504</u> or <u>505</u>, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.

Type of offering	Type of Security	Dollar Amount Sold
Rule 505		\$
Regulation A		\$
Rule 504		\$
Total		\$

4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.

Transfer Agent's Fees	[]\$ <u>N/A</u>
Printing and Engraving Costs	×\$10,000
Legal Fees	M\$_5,000
Accounting Fees	M\$3,000
Engineering Fees	[]\$ <u>N/A</u>
Sales Commissions (specify finders' fees separately)	[]\$132,000
Other Expenses (identify)	M\$ <u>3500</u> M\$ 153 500
Total	M\$ <u>133,500</u>

b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."

\$1,496,500

5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.

	Payments to
	Officers, Payments
	Directors, & To
	Affiliates Others
Salaries and fees	[] \$ <u>N/A</u> \$ <u>132,000</u>
Purchase of real estate	[] \$_N/A_\$_N/A_
Purchase, rental or leasing and installation of machinery and equipment	[] [] \$ N/A \$ N/A
Construction or leasing of plant buildings and facilities	[] \$_N/A\$_N/A
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	[] \$_N/A_\$_N/A_
Repayment of indebtedness	[] \$ <u>\\\A</u> \$ <u>\\\A</u>
Working capital	[] \$_N/A_\$_N/A_
Other (specify): initial set-up tre origination fee	[]
servicin fees, loan commitment fees	[] \$
Column Totals	
Total Payments Listed (column totals added)	61.495, F26 M
D EEDEDAL SIGNATURE	

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type)	Signature Date	,
American Residential Exuities XXVIII, LLC	Mor American Cerebital 7/21	0
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
Jeffrez L. Kirsch	President of Manager	

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such ule?	Yes No
See Appendix, Column 5, for state response.	

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239,500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type) American Residential	algoriture Date
Esuities XXVIII LLC	Ko Kneie Rully 21/03
Name of Signer (Print or Type)	Title (Print or Type)
Jeffrey L. Kirsch	President of Manager
<u> </u>	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1	2		. 3	4			5		
1		:						Disqualif	
			Type of security	1			under State ULOE		
1	Intend to sell and aggregate							(if yes, attach	
	to non-accredited offering price			Type of investor and				explanation of	
	investors			amount purchased in State			waiver granted)		
	(Part B-I	tem 1)	(Part C-Item 1)	(Part C-Item 2)			(Part E-I	tem 1)	
1				Number of	1	Number of			ł
				Accredited		Non-Accredited			
State	Yes	No		Investors	Amount	Investors	Amount	Yes	No
AL									
AK									
]					

AZ									
AR									
CA									
СО									
СТ									
DE									
DC					l				
FL		X	LLC Membersh	ופיר	(0.000				
GA			rec anits	<u> </u>	5 0,000	8			X
HI						<u> </u>			<u> </u>
$\overline{}$			<u> </u>		<u> </u>				
ID					ļ				
IL.									
IN					ļ				
IA					L			ļ	
KS									
KY									
LA									
ME									
MD									
MA									
MI									
MN									
MS					<u> </u>				
МО									
MT				· · · · · · · · · · · · · · · · · · ·					
NE									
NV					 				
NH					 				
NJ					-				
NM			<u> </u>		 				
NY			ļ		.]	
NC	 								
ND						<u></u>			
								 	
OH	-								
OK					[
OR									
PA			 			ļ			
RI	 _								
sc					<u> </u>				
SD									
TN									
TX									
UT									
VT									
VA					T				
WA									
W			1						
WI							1		
—	 		 				ļ		

WY				1
PR				

http://www.sec.gov/divisions/corpfin/forms/formd.htm Last update: 06/06/2002